U.S. Department of Labor. Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 106

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 /

3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name Robert Ward	Name IBEW Local Union No. 104			
	Labor Organization File Number 034-928			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 70 Montgomery Drive	Street 130 West Street			
City Plymouth	City Walpole			
State Massachusetts ZIP Code + 4 02360	State Massachusetts ZIP Code + 4 02081			
5. Position in labor organization. Recording Secretary				
Periodic Parameter Security Conference Confe				
Enter appropriate data below if, during the past fiscal year, you or your sp (except as specified in the exc	ouse or minor child directly or indirectly had any of the following interests lusions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizate	derived income or other economic benefit of tion represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any	7.b. Amount.			
Street (
City	graphilandrahavan var og de delegen om var og de delegen om var en			
State ZIP Code + 4				
Sign	nature			
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompan undersigned's knowledge and belief, true, correct, and complete. (See the se	ving documents), has been examined by the signatory and is, to the best of the			
Signed Robert E-Mary	On 8/10/01 108-660-3900 Telephone Number			
Form LM-30 (2003)	Page 1 of 3			

Name of Person Filing Robert Ward	File Number U -	
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the busines: vely seeking to represent, or irectly to, or otherwise	S
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Northeastern Joint Apprenticeship & Training		
Trade Name, if any:	a. Labor Organiza	tion
P.O. Box, Bldg., Room No., if any	c. Employer	
Street 649 North Lewis Road	o. Employer	
City Limerick		
State Pennsylvania ZIP Code + 4 19468		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	ng.
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City	11.b. Approximate dollar valu	And the second distribution of the second control of the second co
State ZIP Code + 4	Northeastern Joint The Fund reimburse expenses incurred	Committee member of the Apprenticeship and Training Fund. d him on 5/19/04 and 6/16/04 for in connection with his attendance ngs on 5/1/2004 & 2/19/04.
	12.b. Amount.	\$2,730
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		e contraction and contraction
Trade Name, if any:		Control of the Contro
P.O. Box, Bldg., Room No., if any	us interest editions———	
Street	exception — List	
City		The control of the co
State State	and the state of t	Additional discrepancy and the device of the contraction of the contra
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Person Filing Robert Wa	ard		File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

	9. Business deals with:	
8. Name and address of Business (including trade name, if any).	o. Business usule with	
Name New England Electrical Workers Benefits Fund		
	a. Labor Organization	
Trade Name, if any:	generating	
P.O. Box, Bldg., Room No., if any	b. Trust	
	c. Employer	
Street 60 North Main Street	emental and	
City Wallingford		
State Connecticut ZIP Code + 4 06492		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	0000p3000p3000p3000p300p30p30p30p000p90000p9000p30p000p00
Name		The Control of the Co
The art of the state of the sta		awatana
Trade Name, if any:		* .
P.O. Box, Bldg., Room No., if any		
		The state of the s
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		v 4000.
	L	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	00000000000000000000000000000000000000
	Robert Ward is a Trustee of the Ne Electrical Workers Benefits Funds.	
	for a hotel room in connection wit	
	at a Board of Trustee meeting on O	ctober 5, 2004.
		NNSS. SERVICES
	www.com	damentus A.
		all plane right in a
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		Nutricon de consecución con consecución de consecuc
	12.b. Amount.	\$141